

Application Fee Request

Form must be approved 6 months in advance of Effective Date



Office of the Provost & Vice President for Academic Affairs
Wetherby Administration Building 239
Phone: 745-2296

Name of Application Fee

Revision to an Existing Application Fee

Proposed Revised Fee Amount

Establish a New Application Fee

Proposed New Fee Amount

Effective Date

JUSTIFICATION for new fee
or to revise existing fee:

How will this fee be
collected?

This fee will be collected (choose one): Once per year

Once per term

Other (please explain)

Statement of Estimated Revenues & Expenditures is attached (REQUIRED)

Additional documentation is attached (*additional documentation as necessary to justify proposed fee*)

Name of Requestor

Requestor's Signature

Date

Organization / Department Name

Requestor's Email

Requestor's Phone Number

Forms may be submitted to Jessica Gilland, Office of the Provost (745-4027)

Date received by Provost's Office _____

Approved

Denied

Authorizing Signature _____

Date _____